



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COMMUNITY HOSPITAL OF MUNSTER

City of Hospital: Munster

Year Begin: 07/01/2016 (mm/dd/yyyy format)

Year End: 06/30/2017 (mm/dd/yyyy format)

Person Completing the Report: Community Hospital Munster

Email Address: msteffen@comhs.org

Medicare Provider Number: 15-0125

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$703952663
Outpatient Patient Service Revenue	\$954743712
Total Gross Patient Service Revenue	\$1658696375

2. Deductions From Revenue

Contractual Allowance	\$1109414746
Other Deductions	\$35807461
Total Deductions	\$1145222207

3. Total Operating Revenue

Net Patient Service Revenue	\$513474168
Other Operating Revenue	\$16573651
Total Operating Revenue	\$530047819

4. Operating Expenses

Salaries and Wages	\$164467955	Employee Benefits	\$47420648
Depreciation and Amortization	\$22736749	Interest Expense	\$168
Bad Debt	\$0	Other Expenses	\$240048699
Total Operating Expenses	\$474674219		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$55373600	Total Assets	\$290458957
Net Non-operating Gains over Loss	\$233202	Total Liabilities	\$84546701

Total Net Gains	\$55606802
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$854714665	\$653708740	\$201005925
Medicaid	\$203149794	\$160827247	\$42322547
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$600831916	\$294878759	\$305953157
Total	\$1658696375	\$1109414746	\$549281629

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$164616	\$-164616

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$241680	\$1184444	\$-942764

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$3162847	\$-3162847
Hospital Patients	\$0	\$0	\$0
Community Education	\$13753	\$1660927	\$-1647174

Number of Medical Professionals Trained	1326
Number of Hospital Patients Educated	20405
Number of Citizens Exposed to Health Education Messages	338209

Statement Six: Charity Statement

Hospital Charity Charges	\$19318873
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$34888	\$2235988	
HCI Payments	\$0		
Subtotal	\$34888	\$2235988	\$-2201100
Medicaid Shortfalls	\$40111198	\$73701099	
Subtotal	\$40146086	\$75937087	\$-35791001
DSH Payments	\$0		
Subtotal	\$40146086	\$75937087	\$-35791001
Medicare Shortfalls	\$189354629	\$231395569	
Other Government Programs	\$1241929	\$1498598	
Total	\$230742644	\$308831254	\$-78088610

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$3336033	\$4293227	\$-957194
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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